

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|---|---|------------------------------|--|---|---|
| NAME OF FILER Newsom for California Governor 2022 | | | Date of This Filing 10/28/2020 | Date Stamp Page 1 of 5 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER () - | I.D. NUMBER (if applicable) 1414018 | Report No. 6954070-LG | | | |
| STREET ADDRESS | | | | | |
| CITY Sacramento | STATE CA | ZIP CODE 95814 | | | |
| | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| | | | No. of Pages 5 | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 10/23/2020 | Bloom Energy Corporation San Jose, CA 95134 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$25,000.00 |
| 10/27/2020 | Caremark RX, Inc. Birmingham, AL 35244 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$31,000.00 |
| 10/26/2020 | EDP Renewables North America, LLC Houston, TX 77002 Memo Reference: INC:S497:1298 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$10,000.00 |

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|---|---|-------------------------------------|---|---|--|
| NAME OF FILER Newsom for California Governor 2022 | | | Date of This Filing <u>10/28/2020</u> | Date Stamp Page 2 of 5 | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only |
| AREA CODE/PHONE NUMBER () - | I.D. NUMBER (if applicable) 1414018 | Report No. <u>6954070-LG</u> | | | |
| STREET ADDRESS | | | | | |
| CITY Sacramento | STATE CA | ZIP CODE 95814 | <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> | | No. of Pages <u>5</u> |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|---|-----------------|
| 10/26/2020 | Health Net Companies and California Health and Wellness, wholly owned subsidiaries of Centene, Inc. Sacramento, CA 95814 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$31,000.00 |
| 10/27/2020 | Recurrent Energy Development Holdings, LLC Walnut Creek, CA 94597 Memo Reference: INC:S497:1296 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$10,000.00 |
| 10/27/2020 | Santa Rosa Rancheria Lemoore, CA 93245 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$31,000.00 |

*Contributor Codes

| | |
|---|-----------------------------------|
| IND - Individual | PTY - Political Party |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other | |

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|---|---|--------------------------|--|---|---|
| NAME OF FILER Newsom for California Governor 2022 | | | Date of This Filing <u>10/28/2020</u> | Date Stamp Page 3 of 5 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER () - | I.D. NUMBER (if applicable) 1414018 | | Report No. <u>6954070-LG</u> | | |
| STREET ADDRESS | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Sacramento | STATE CA | ZIP CODE 95814 | No. of Pages <u>5</u> | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 10/23/2020 | Swinerton Builders Concord, CA 94520 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$10,000.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other

PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|---|--------------------|---|--|-----------------------------------|---|
| NAME OF FILER Newsom for California Governor 2022 | | | Date of This Filing 10/28/2020 Report No. 6954070-LG <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 5 | Date Stamp Page 4 of 5 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER () - | | I.D. NUMBER (if applicable) 1414018 | | | |
| STREET ADDRESS | | | | | |
| CITY Sacramento | STATE CA | ZIP CODE 95814 | | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|---|------------------------|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Reason for Amendment:

Memo Reference: INC:S497:1296
Authorizing Officer: Odessa Cooper

Memo Reference: INC:S497:1298
Authorizing Officer Information Requested
